

Impacting Population Health 2014: *Connecting Local Health Priorities with Healthy Kansans 2020*

North Central Regional Meeting Summary

Beloit, Kansas

I. Attendance Summary

Key stakeholders from across the state were invited to participate in a series of regional public health meetings to discuss connecting local community health assessments and improvement plans with Healthy Kansans 2020 (HK 2020), the state health assessment and improvement plan. Attendance from a cross-section of community agencies and organizations with involvement in leading/participating in community health assessment and improvement planning efforts was highly encouraged. The attendance summary from the North Central Regional Meeting held in Beloit, Kansas, on May 28 is provided below.

33 attendees

- Local Health Departments:
Clay, Dickinson, Jewell, Lincoln, Mitchell,
Osborne, Ottawa, Republic, Rooks, Smith,
Washington
- AWARE NCK
- Beloit Medical Center
- Central Kansas Foundation
- Kansas Department of Agriculture
- Kansas State University
- Kansas Dept of Health and Environment
- K-State Research and Extension
- Memorial Health System
- Mitchell County Commissioner
- Mitchell County Hospital Health Systems
- NCK Wellness Center
- North Central Kansas Public Health Initiative
- Phillips County Hospital
- Republic County Hospital
- Rooks County Commissioner
- Salina Family Healthcare Center
- Salina Regional Health Center
- Sunflower Health Plan

II. Local Objectives/Strategies

Meeting attendees were asked to identify and briefly describe at least one local objective/strategy that their community is currently working to develop and/or implement. For each objective/strategy attendees were asked to complete a series of questions and answers are summarized below. Attendees at the North Central Regional Meeting shared a total of 52 objectives/strategies.

Does this local Objective/Strategy align with a HK2020 Strategy?	
<i>HK2020 Priority Strategies</i>	
Healthy Living-1	21
Healthy Living-2	4

Healthy Communities-1	10
Access to Services-1	6
Access to Services-2	9
<i>HK2020 Other Strategies</i>	
Healthy Living-3	2
Healthy Living-4	0
Healthy Communities-2	3
Healthy Communities-3	1
Access to Services-3	3
Does not fit in any of the identified statewide strategies	1
Is this Objective/Strategy identified in CHA/CHIP?	
We have not completed a CHA/CHIP	1
Yes, it was identified in the CHA/CHIP	22
This need was identified in another process	14
No. CHA completed, but this strategy was not identified as a priority	14
Work on this Objective/Strategy is:	
In planning stages of development	15
In the first 0-6 months of implementation	16
>6 months of implementation	19

III. Round Table/Report Out Discussion

Attendees participated in a series of round table exercises to discuss the successes (What is working?) and challenges (What barriers have you encountered?) to addressing each of the shared objectives/strategies. A summary of the round table discussions is provided below. (Numbers show the frequency that an item was mentioned; no number indicates the item was mentioned once.)

What is working?	
Collaboration (7)	Transporting people to appointments- increased access
Community support (7)	Wellness centers are in 3 communities
Community acceptance (5)	Working with patients and families 1-on-1 to provide nutritional and behavioral change education
Enthusiasm (5)	Patients have more timely access to mental health care via Skype
Disseminating resources/mass media/media support (4)	CMS funding with Meaningful Use
Increased awareness (3)	Good services available
Funding opportunities/grants (3)	Willingness of providers to display materials
Worksite wellness (3)	Cooperation with local grocery store
School involvement/educating in the schools (2)	Focusing on wellness
Strong leadership/finding the right champion (2)	Cooperation from school districts in developing policies for tobacco-free school grounds
Communication (3)	Farmer's markets
Provider buy-in (2)	Community garden supported by selling produce at farmer's market
Patience- recognition takes time	WorkWellKs presentations
Grassroots development	Enthusiastic CDRR Team
City of Minneapolis donated location and funding for trail	Feeding kids
Involvement of Economic Development led to great plan and business plan	Senior voucher program
Increasing motivational interviewing skills	Role modeling

Board is in place	CHA/CHIP were completed with hospital as lead agency
Coalition members on City's long range plan committee have influenced city council members to act	Local access to new company
KHF- Community Change Framework	Continuing to ask every patient about their smoking status
City manager used data to support connecting Wellness Center to water part with 6 ft sidewalk	Sending employees to Freedom From Smoking Facilitator training to refer patients to a group
Bonds were reissued, saving the hospital money	Food for elderly apartments, food bank, nursing home
Work environment and educational programming align with research	Kansas QuitLine
Having radon kits available for testing	National Walk at Lunch Day
Rural setting	Walk Kansas initiative
Hospital has EHR that is making progress	Radon Awareness Month
Economic development agreed to be 501c3	

What barriers are you encountering in getting started or making progress?	
Funding/cost (22)	Cooperation among communities/sharing of infrastructure
Time (11)	Determining who needs to be at the table
Physical barriers/more space/access to land (4)	Lack of communication
Lack of buy-in from decision makers/partners/community (5)	Technology equipment
Lack of participation (4)	Poor understanding of rural resources, challenges
Finding suitable locations for farmer's markets/trails (2)	Teaching patients how to access EHR when dismissed
Building location (2)	Understanding of benefits to belonging to coalition
Reaching the audience/not enough publicity (3)	Lack of evidence-based practices
Resources (2)	Data collection
Community volunteers (2)	Education- personnel, stakeholders, community, etc.
Collaborating with other rural counties to expand transportation services (2)	Resistance to policy changes
Staffing (2)	Create farmer's market/community garden at same time
Documentation in EHR (2)	Staying engaged
Limited time with provider for tobacco cessation (2)	Specialists
Apathy/denial of tobacco use/need to quit (2)	Youth involvement
Resistance from primary healthcare providers (2)	Patients not open to education during hospitalizations
Finding a champion/lack of leadership (2)	Accessing low literacy resources
Staff spread across 5 counties	Paperwork/background financial work
Programs to refer to	Keeping the annual program fresh
Unwilling to change/ingrained tradition	Connecting vision to all audiences

IV. Local Issues Not Addressed by HK2020

Attendees were asked to identify public health issues not included in the state plan which are of interest at the local level. A summary of issues is provided below.

Which areas are not being addressed?	
Access to emergency care	Mismatch between reimbursement and cost for care and expenses
Specialty provider access and willingness (by telephone or other strategies)	Aging and substandard housing (to allow people to return home/stay home)
Systems to adopt new strategies may not be in place (tele-medicine)	Ability to attract providers
"Hidden" costs and infrastructure/financial supports diminishing	